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CONFIRMATION NO. 5001

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/823,811 | <b>FILING OR 371(c) DATE</b><br>03/09/2004<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3739 | <b>ATTORNEY DOCKET NO.</b><br>MMS-24 CON |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/104,082 03/21/2002 PAT 6,702,736 which is a CIP of 09/874,869 06/05/2001 PAT 6,612,980 which is a CON of 09/111,431 7/7/1998 PAT 6,241,657 which is a CON of 08/505,587 7/24/95 PAT 5,776,050 which claims benefit of 60/277,643 03/21/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 06/23/2004

|   |                               |                             |                          |                                |
|---|-------------------------------|-----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>14 | <b>TOTAL CLAIMS</b><br>1 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                          |                                |
| Verified and Acknowledged<br>Examiner's Signature: _____ Initials: _____  |                               |                             |                          |                                |

**ADDRESS**

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**TITLE**

Anatomical visualization system

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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